

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10603435

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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31	1					
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37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47						
48						
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50						
TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	17					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						